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Bib Data Sheet

CONFIRMATION NO. 6024

SERIAL NUMBER 09/287,216	FILING DATE 04/05/1999 RULE	CLASS	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. P106-DIV-3-C
APPLICANTS MICHAEL D. BONEAU, CAMPBELL, CA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 08/471,738 06/06/1995 PAT 5,891,190 WHICH IS A DIV OF 08/172,420 12/22/1993 ABN WHICH IS A DIV OF 07/398,180 08/24/1989 PAT 5,292,331				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/27/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 1
INDEPENDENT CLAIMS 1				
ADDRESS 26111				
TITLE ENDOVASCULAR SUPPORT DEVICE AND METHOD				
FILING FEE RECEIVED 1436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

Printed 10/11/2000

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET N
09/287,216	04/05/1999	623	3738	P106-DIV-3-C

APPLICANT
MICHAEL D BONEAU, CAMPBELL, CALIFORNIA.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CON OF 08/471,738 06/06/1995 PAT 5,891,190
WHICH IS A DIV OF 08/172,420 12/22/1993 ABN
WHICH IS A DIV OF 07/398,180 08/24/1989 PAT 5,292,331

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

FOREIGN FILING LICENSE GRANTED 04/27/1999

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	Examiner's Name Initials	CA	4	1	1

ADDRESS
RICHARD L KLEIN
MEDTRONIC AVENUE INC
3576 UNOCAL PLACE
SANTE ROSA , CA 95403

TITLE
ENDOVASCULAR SUPPORT DEVICE AND METHOD

FILING FEE RECEIVED \$**760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
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